

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSE		INVOLUNTARY PETITION			
IN RE (Name of Debtor – If Individual: Last, First, Middle) COLLEGE BOOK RENTAL COMPANY, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)			
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):					
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 306 Andrus Drive Murray, Kentucky 42017-2180 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Calloway		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>			
<div style="text-align: right;">ZIP CODE 42017</div>					
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)					
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11					
INFORMATION REGARDING DEBTOR (Check applicable boxes)					
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____ </td> <td style="text-align: center; vertical-align: top;"> Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other </td> </tr> </table>			Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
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VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>[If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]</i>			
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)					
Name of Debtor	Case Number	Date			
Relationship	District	Judge			
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY			

Name of Debtor COLLEGE BOOK RENTAL COMPANY, LLC

Case No. _____

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

☒ /s/ David Griffin

Signature of Petitioner or Representative (State title)
David Griffin 10/04/12

Name of Petitioner Date Signed

Name & Mailing
Address of Individual David Griffin
Signing in Representative 413 Hillwood Drive
Capacity Nashville, TN 37205

☒ /s/ Joseph A. Kelly

10/04/12

Signature of Attorney Date
Joseph A. Kelly

Name of Attorney Firm (If any)
Frost Brown Todd LLC

Address 150 3rd Avenue South, Suite 1900
Nashville, Tennessee 37201

Telephone No. (615) 251-5550

☒ /s/ John R. Farris, President

Signature of Petitioner or Representative (State title)
Commonwealth Economics 10/04/12

Name of Petitioner Date Signed

Name & Mailing
Address of Individual John R. Farris
Signing in Representative 108 Esplanade, Suite 340
Capacity Lexington, KY 40507

☒

Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

☒ /s/ John Wittman

Signature of Petitioner or Representative (State title)
John Wittman 10/04/12

Name of Petitioner Date Signed

Name & Mailing
Address of Individual John Wittman
Signing in Representative 306 Andrus Drive
Capacity Murray, KY 42017-2180

☒

Signature of Attorney Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS			
Name and Address of Petitioner	David Griffin 413 Hillwood Drive Nashville, TN 37205	Nature of Claim Money Loaned	Amount of Claim Approx. 15,000,000.00
Name and Address of Petitioner	Commonwealth Economics 108 Esplanade, Suite 340 Lexington, KY 40507	Nature of Claim Services Provided	Amount of Claim 15,000.00
Name and Address of Petitioner	John Wittman 306 Andrus Drive Murray, KY 42017-2180	Nature of Claim Services Provided	Amount of Claim 158.72
Note:	If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

1 continuation sheets attached

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Case No. _____

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x /s/ Rick Morrison, Managing Partner

Signature of Petitioner or Representative (State title)

CTI Communications

10/04/12

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

Rick Morrison

2821 Remington Street

Suite 100

Fort Collins, CO 80525

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

x

Signature of Petitioner or Representative (State title)

Name of Petitioner

Date Signed

Name & Mailing

Address of Individual

Signing in Representative

Capacity

x

Signature of Attorney

Date

Name of Attorney Firm (If any)

Address

Telephone No.

PETITIONING CREDITORS

Name and Address of Petitioner CTI Communications
2821 Remington St., Suite 100
Fort Collins, CO 80525

Nature of Claim

Amount of Claim

Services Provided

21,793.21

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Name and Address of Petitioner

Nature of Claim

Amount of Claim

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of Petitioners' Claims
Approx. 15,036,951.93

0 continuation sheets attached